



Clay-Wilkin-Otter Tail Public Health
www.co.ottertail.mn.us
claycountymn.gov/

Clay County Environmental Health
715 North 11th Street, Suite 303
Moorhead, MN 56560

☐ Renewal ☐ New ☐ Change

Manufactured Home Park (MHP)/Recreational Camping Area (RCA) License Application

Notice to all applicants: Minnesota Statutes, section 270C.72, subd. 4, requires you to supply your Minnesota business tax ID number and your social security number. Minnesota Statutes, Section 176.182 also requires information regarding workers' compensation insurance. All data submitted, except the social security number, is public data.

Where should the license certificate, renewals, and notices be sent? Owner Address ☐ Camp Address ☐

Applicant/Owner Information

Corporation Name: _____ Primary Officer: _____

Individual Operator: First Name _____ MI: _____ Last Name: _____

Operator's Social Security #: _____ Phone#: _____

MN Business Tax ID#: _____

Designated Mailing Address: _____
Street/PO Box City State Zip

Email Address: _____

Park/Camp Information

Owner Name: _____ Email: _____

Camp Address: _____
Street/PO Box City Zip

County: _____ Township: _____ Lake: _____ Phone: _____

Emergency Contact: _____ Emergency Phone#: _____

Type of Operation (check one): ☐ Year Round ☐ Seasonal –months of operation: _____ to _____

Type of Water Supply (check one): ☐ Private Well Water – Well #: _____ ☐ Municipal Water

Type of Sewage Treatment (check one): ☐ Private Sewage Treatment System ☐ Municipal Treatment

Number of New Sites Applied for: _____ # Independent Sites _____ # Dependent Sites
(Sites with sewer connections) (Tent or RV sites without sewer connections)

Is there a public pool at the park/camp? ☐ No ☐ Yes Swimming #: _____ Spa #: _____

Is there a food and/or beverage service at the park/camp? ☐ No ☐ Yes License #: _____

Is there lodging at the park/camp? ☐ No ☐ Yes License #: _____

Evacuation Plan Approval Date: _____ - OR- Approved Storm Shelter Construction Date: _____

Number of fixtures, if provided for RCA:

	Flush Toilets	Privies	Showers	Urinals	Sinks
Men					
Women					

Complete page 2 of application



Recreational Camping Area (RCA) – any area, whether privately or publically owned, used on a daily, nightly, weekly, or longer basis for the accommodation of five or more tents or recreational camping vehicles free of charge or for compensation. "Recreational camping area" excludes: (1) children's camps; (2) industrial camps; (3) migrant labor camps, as defined in Minnesota Statutes and state commissioner of health rules; (4) United States Forest Service camps; (5) state forest service camps; (6) state wildlife management areas or state-owned public access areas which are restricted in use to picnicking and boat landing; and (7) temporary holding areas for self-contained recreational camping vehicles created by and adjacent to motor sports facilities, if the chief law enforcement officer of an affected jurisdiction determines that it is in the interest of public safety to provide temporary holding area.

Manufactured Home Park (MHP) – Any site, lot, field or tract of land upon which two or more occupied manufactured homes are located, either free of charge or for compensation, and includes any building, structure, tent, vehicle or enclosure used or intended for use as part of the equipment of the manufactured home park.

Public Swimming Pools – any swimming pool other than a private residential swimming pool.

Spa Pool – a public hot water pool intended for seated recreational use.

Individual Water – a private water supply other than a community public water supply.

Individual Sewer – a private sewage treatment system which uses subsurface treatment and disposal.

Late Penalty – additional charge added to the license fee when a person operates a business without first having made application and fee payment for the current year license. **A Special Event Camping Area shall pay a late penalty of \$360 for failing to obtain a license prior to operating.

Notice: You must submit this application and pay all fees BEFORE you begin operation. (MN Statutes, section 157.16)

Plans and specifications for any increase in sites must be submitted to and approved by the regulatory agency before any construction can begin. Please contact this office for plan review information.

Workers Compensation Information

Insurance Company name: _____

Designated Address: _____

Policy #: _____ Date of Coverage: _____ Through _____

I certify that I am not required to carry workers' compensation liability coverage because:

- ☐ I am a sole proprietor or partner and I have no employees.
- ☐ I have no employees who are covered by the workers' compensation law. Note: Only employees exempt by statute (spouse, parent, and children) are not covered by the workers' compensation law.
- ☐ I represent a nonprofit association which does not pay more than \$1000 in salary or wages in a year.

Fees (If multiple licensed services are offered at this establishment, pay only one highest applicable base fee)

RCA Base Fee Calculation:

- ☐ RCA – Less than 25 sites \$50 _____
- ☐ RCA – 25 to 99 sites \$212 _____
- ☐ RCA – 100 or more sites \$300 _____

Total Number RCA Sites: \$4 X _____ # Independent Sites _____ # Dependent Sites
(sites with sewer connections) (Tent or RV sites without sewer connections)

MHP Base Fee Calculation:

- ☐ Base Fee \$150 _____
- ☐ MHP – No. of sites _____ X \$4 \$ _____

- ☐ Public Pool \$325 _____
- ☐ Additional Pools - No. _____ X \$175 _____

- ☐ Spa Pool \$175 _____
- ☐ Additional Spas - No. _____ X \$100 _____
- ☐ Individual Water or Sewer? \$60 _____

Total Fee Calculation \$ _____

☐ If Late Penalty Applies (1 to 30 days).....Add \$120

☐ If Late Penalty Applies (after 30 days).....Add \$360

Total Fee Due If Including Late Penalty.....\$ _____

Notice: An NSF check to this department will require an additional service charge of \$30 per check as in Minnesota statutes, Section 60A.113, subd.2 (a). Additional civil penalties may be imposed for nonpayment.

I certify that the information provided on this application is accurate and complete:

Signature: _____ Date: _____

For Office Use Only

Inspector Initials: _____

Check #: _____

Amount: _____

Clay/Wilkin/City of MHD/Otter Tail